

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **April 16**, 20 **08** and ending **July 15**, 20 **08**

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization **Fund for a Stronger Iowa** **Employer identification number**
261738135

2 Mailing address (P O Box or number, street, and room or suite number)

1517 South Lemon

City or town, state, and ZIP code

Sioux City, IA 51106

3 E-mail address of organization

N/A

4 Date organization was formed

5a Name of custodian of records

Fred Chadwick

5b Custodian's address

1517 South Lemon Street

Sioux City, IA 51106

6a Name of contact person

Fred Chadwick

6b Contact person's address

1517 South Lemon Street

Sioux City, IA 51106

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☒ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election _____
(2) Date of election _____
(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A).

9

0.00

10 Total amount of reported expenditures (total from all attached Schedules B).

10

3,000.00

**Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

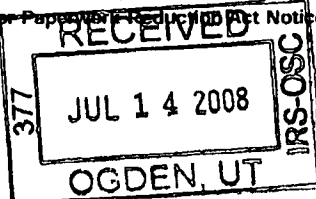
Signature of authorized official

Date

For Paperwork Reduction Project Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED JUL 24 2008

Schedule A Itemized Contributions		Schedule A page of
Name of organization		Employer identification number
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized ExpendituresSchedule B page of Name of organization Employer identification number

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$ <input type="text"/>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$ <input type="text"/>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$ <input type="text"/>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$ <input type="text"/>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$ <input type="text"/>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$ <input type="text"/>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872
\$ 